



Joint Market Opportunities

Ms. Elizabeth Ruschmeier, Director
VA/DoD Coordination Office
Veterans Health Administration

Ms. Gail Sanftleben, Deputy Director
DoD/VA Program Coordination Office
TMA/HA, Department of Defense



VA/DoD Joint Market Opportunities



24 January 2007 – JEC: Assess current DoD/VA joint ventures (Phase I) and next future possible joint markets (Phase – II).

- Goal
 - Co-locate/Co-manage Selected DoD/VA Facilities Where Demand and Economy of Scale Can Be Optimized
- Objectives:
 - Increased access for patients;
 - Improved efficiency;
 - Reduced duplication of services;
 - Reduced infrastructure, where possible; and
 - Mitigating the effect of deployment on access to healthcare.



JEC Tasking Status

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- Phase I – April 2007 – September 2007
 - Joint Team studied/visited eight sites
 - Data was collected with respect to clinical and business operations, identified markets, the demand and opportunities in those markets, governance, and the management models in place
 - Phase II – Began first quarter FY08 continues through third quarter FY09
 - Joint Team explored multi-Service health care markets serving large DoD and VA populations in hopes of creating and/or expanding sharing arrangements that exist between DoD and VA.



JEC Tasking Status

- Phase IB
 - Four sites identified by the JEC for enhanced efforts in VA/DoD sharing
 - Biloxi, MS
 - Las Vegas, NV
 - Honolulu, HI
 - Denver, CO
 - Developed CONOPS which were presented to and approved by the JEC in July 2008
 - Designated JIF funding established to help sites accomplish the efforts proposed in CONOPS



Joint Ventures



- **Anchorage, Alaska**
3rd Medical Group, Elmendorf AFB/Alaska VA Health Care System
- **North Chicago, Illinois**
Naval Health Clinic-Great Lakes/North Chicago VA Medical Center
- **Honolulu, Hawaii**
Tripler Army Medical Center/VA Pacific Islands Health Care System (Spark M. Matsunaga Medical Center)
- **Key West, Florida**
Naval Branch Health Clinic Key West/Miami VA Health Care System
(Community Based Outpatient Clinic)
- **El Paso, Texas**
William Beaumont Army Medical Center/El Paso VA Health Care System
- **Fairfield, California**
David Grant Medical Center, 60th Medical Group, Travis AFB/Northern California VA Health Care System
- **Las Vegas, Nevada**
99th Medical Group, Nellis AFB/VA Southern Nevada Health Care System
(Michael O'Callaghan Federal Hospital)
- **Albuquerque, New Mexico**
377th Medical Group, Kirtland AFB/New Mexico VA Health Care System



Domain-Based Interview Tool



	Separate	Coordinated	Connected	Integrative	Consolidated
Clinical Services	Insignificant referrals	Regular communications	High numbers of referrals	Significant number of referrals as one	Protocol-driven placement of all patients
Facilities	Distant	Some sharing where duplication exists	Projects & facilities come from master planning	Many departments share space	One facility or set of facilities
Staffing	Distinct	Support in peaks and valleys	Joint staff planning	Multiple examples of single/joint staffing	Single staffing
Business Processes	Different	Reduce barriers	Work flows understood & acted on	Transparent	Single system
Management/ Governance	No Relation	Joint planning sessions	Overlap of key functions	Overlap of key functions	One governance & management structure
IM/IT	Separate systems	Evidence of "E" exchange of info	Moving toward systems interface	Complete interoperability	One system
Logistics	Little if any exchange	Borrowing, bartering and contractual exchange	Mutual examination of best pricing and service	Selective joint contracting of major areas of procurement	One supply chain
Future Plans		Selective	Frequent use of	Most programs	



Phase I Accomplishments

- Fully integrated staffing in some patient care areas
- Use of Joint Incentive Fund process
- Joint committee structures
- Patient care applied equally regardless of type of beneficiary
- Shared training, orientation, and contingency planning exercises



Phase 1 Accomplishments



- Joint Referral/Business Office streamlined access to care, workload accounting and itemized billing
- Access to military base for veterans
- Local workaround solutions for IT and billing
- Hiring temporary staff for other Departments



Phase 1 Challenges

- IM/IT
 - Lack of a single integrated view of patient information
 - Lack of training/knowledge of available applications
- Staffing
 - Dual credentialing process for shared staff
 - Dual mandatory educational requirements
 - Deployment of staff needed to support sharing
 - Competing for same employment pools
 - Training on Joint Ventures for senior leaders



Phase I Challenges

- Leadership
 - Lack of/or unclear Department-level guidance and expectations on Joint Venture Requirements, Goals and Objectives
- Financial Management
 - Lack of incentives to share
 - Unclear understanding of bartering



Follow-up Actions

- Work issues through HEC Work Groups
 - Credentialing: Dual credentialing remains a requirement. HEC Work Group with representatives from Services, HA, and VHA, developing standardized template to simplify the process. Final report to HEC June 2009.
 - Mandatory training: HEC briefing 12 June for proposed MOU. Recommends test for reciprocity for several courses.
 - Knowledge of other agency: Staff from North Chicago have provided input to the HEC Education and Training WG. Web-based course in development.



Phase Ib

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- Phase Ib - New Direction - Emphasis on enhanced collaboration at 4 specific locations identified by JEC Co-chairs
 - Honolulu, HI: Tripler Army Medical Center/VA Pacific Islands Health Care System (Spark M. Matsunaga Medical Center)
 - Las Vegas, NV: Michael O'Callaghan Federal Hospital (99 Med Grp, Nellis AFB/VA Southern Nevada Health Care System)
 - Biloxi, MS; VA Gulf Coast Veterans Health Care System/81 Med Grp, Keesler AFB,
 - Denver, CO: Eastern Colorado VA HCS/460 Med Grp, Buckley AFB



Phase Ib



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- Local teams developed based on domains in the interview tool
 - Site visits to identify sharing opportunities
 - Sites developed joint CONOPS
 - Quarterly IPRs, annual site visit
 - Special JIF funding to accomplish sharing opportunities identified in CONOPS



Phase II



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- Focus on market areas rather than individual sites
 - Sites identified by analysis of proximity of DoD and VA facilities and populations served
 - Considerations given for planned construction by either DoD or VA and Congressional interest
 - Sites visits January 2009 - July 2009
 - Report to JEC September 2009



Phase II Sites

- I-25 Corridor:
 - Denver: Eastern Colorado VA HCS/460 Med Grp, Buckley AFB
 - Colorado Springs: VA CBOC/21 Med Grp, Peterson AFB and Schriever AFB/Evans Army Community Hospital/10 Med Grp, USAFA
- Corpus Christi, TX: VA Community Based Outpatient Clinic/Naval Health Clinic
- San Antonio, TX: VA Medical Center/North Central Federal Clinic/Brooke Army Medical Center/Wilford Hall Medical Center, 59 Med Wing
- Killeen/Temple, TX: Olin E. Teague Veteran's Center/Darnall Army Community Hospital



Phase II Sites

- Gulf Coast, Florida and Mississippi:
 - VA Gulf Coast Veterans Health Care System/81 Med Grp, Keesler AFB, Biloxi
 - 96th Medical Group/VA CBOC, Eglin Air Force Base
 - VA CBOC/Naval Branch Health Clinic, Naval Support Activity, Panama City
 - 325th Medical Group, Tyndall Air Force Base
 - Naval Hospital Pensacola/Joint Ambulatory Care Center
- Tampa, FL
 - James A. Haley Veterans' Hospital
 - 6 Med Grp, MacDill AFB Clinic



Phase II Sites

- Charleston, SC: Ralph H. Johnson VA Medical Center (RHJVAMC); Naval Health Clinic Charleston (NHCC); 437 MDG, Charleston AFB; Goose Creek Consolidated Clinic (Naval Weapons Station)
- Puget Sound:
 - Bremerton: Naval Hospital Bremerton/VA Puget Sound Health Care System
 - Tacoma: Madigan Army Medical Center/VA Puget Sound HCS, American Lake Division
 - Seattle: VA Puget Sound Health Care System, Seattle Division
- Monterey, CA: VA Palo Alto HCS, Monterey CBOC/Army Presidio Clinic



Phase II (Upcoming)



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- Columbus, GA: Martin Army Community Hospital; Central Alabama VA Health Care System (Columbus CBOC)
 - Guam: VA Pacific Islands Health Care System, CBOC/Naval Hospital Guam



Phase II Findings



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- Multiple sharing opportunities exists at each site.
 - Many opportunities for joint construction and/or use of DoD land for VA facilities.
 - Coordination of funding for design and construction remain difficult and can lead to missed opportunities.
 - Each site is different and has different sharing needs but regular joint meetings and frequent communication increased sharing.



Next Steps

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- Complete evaluation of Phase II sites and report to JEC
 - Determine needs for routine reports of accomplishments
 - Analyze populations, construction, and Congressional interest and determine need for Phase III